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|--|--|-----------------|--------------------------------------|------------|--------------------------------------|-----------------|--------------------------|--------------|------------------|--|
| Effective on 12/08/2004.   |  |                 |                                      |            | Complete if Known                    |                 |                          |              |                  |  |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  |  |                 |                                      |            | 71ppiloation (1ambo)                 |                 | 09/487023                |              |                  |  |
| FEE TRANSMITTAL  |  |                 |                                      |            | Filing Date January 19, 2            |                 |                          | 000          |                  |  |
| For FY 2005  |  |                 |                                      |            | First Named Inventor Parkash Gill    |                 |                          |              |                  |  |
| F0111 2003   |  |                 |                                      |            | Examiner Name S. McGarry             |                 |                          | -            |                  |  |
| X Applicant claims small entity status. See 37 CFR 1.27  |  |                 |                                      |            | Art Unit 1635                        |                 |                          |              |                  |  |
| TOTAL AMOUNT OF PAYMENT (\$) 1,475.00  |  |                 |                                      |            | Attorney Docket No. VASG-P02-0       |                 |                          | 3            |                  |  |
| METHOD OF  | PAYMENT  | (check al       | l that apply)                        |            | _                                    |                 |                          |              |                  |  |
| Check Credit Card Money Order None Other (please identify):  |  |                 |                                      |            |                                      |                 |                          |              |                  |  |
| X Deposit Ac   | x Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP |                 |                                      |            |                                      |                 |                          |              |                  |  |
|  |  |                 |                                      |            |                                      |                 |                          |              |                  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee |  |                 |                                      |            |                                      |                 |                          |              |                  |  |
| Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  |  |                 |                                      |            |                                      |                 |                          |              |                  |  |
| FEE CALCUI   |  | 0111111         | o and 1.11                           |            |                                      |                 | <b></b>                  |              |                  |  |
|  |  | AND EXA         | MINATION FE                          | ES         |                                      |                 |                          | •            |                  |  |
|  | ,,   |                 | NG FEES                              |            | ARCH FEES                            | EXAMII          | NATION FEES              |              |                  |  |
| Application T  | ima  | Eoo (\$)        | Small Entity                         | Fee (\$    | Small Entity ) Fee (\$)              | Y<br>Fee (\$)   | Small Entity<br>Fee (\$) | Fees         | Paid (\$)        |  |
| Utility Utility  | Abe  | Fee (\$)<br>300 | <u>Fee (\$)</u><br>150               | 500        | 250                                  | 200             | 100                      | 1003         | 1 did (4)        |  |
|  |  | 200             | 100                                  | 100        | 50                                   | 130             | 65                       |              |                  |  |
| Design   |  | 200             | 100                                  | 300        | 150                                  | 160             | 80                       |              |                  |  |
| Plant  |  | 300             | 150                                  | 500        | 250                                  | 600             | 300                      |              |                  |  |
| Reissue<br>Provisional   |  | 200             | 100                                  | 0          | 0                                    | 000             | 0                        |              |                  |  |
|  | AIM FEEC   | 200             | 100                                  | U          | o o                                  | U               | Ū                        |              | Small Entity     |  |
| Fee (\$) Fee (\$)  |  |                 |                                      |            |                                      |                 |                          |              |                  |  |
| Fee Description Each claim over 20 (including Reissues)  |  |                 |                                      |            |                                      |                 |                          | 50           | 25               |  |
| Each independent claim over 3 (including Reissues)   |  |                 |                                      |            |                                      |                 |                          | 200          | 100              |  |
| Multiple depend  |  | •               |                                      |            |                                      |                 |                          | 360          | 180              |  |
| Total Claims   | Extra Cla  | aims            | Fee (\$)                             | Fee l      | aid (\$) Multiple Depend             |                 |                          | ent Claims   | <u>s</u>         |  |
|  | -= x =   |                 |                                      |            |                                      | <u>F</u>        | <u>ee (\$)</u>           | Fee Paid (   | <u>\$)</u>       |  |
|  |  |                 |                                      |            |                                      |                 |                          |              |                  |  |
| Indep. Claims  | Extra Cl   | aims x          | Fee (\$)                             | Fee I      | Paid (\$)                            |                 |                          |              |                  |  |
| 3. APPLICATIO  | · =  | ^ ·             |                                      |            |                                      |                 |                          |              |                  |  |
|  |  | ings exce       | eed 100 sheets o                     | of paper   | (excluding elec                      | tronically f    | iled sequence or         | computer     |                  |  |
| listings und   | der 37 CFR 1.5   | 52(e)), the     | e application siz<br>U.S.C. 41(a)(1) | ze fee di  | ie is \$250 (\$12:                   | 5 for small e   | entity) for each a       | dditional :  | 50               |  |
| Total Sheet  |  | a Sheets        |                                      |            | dditional 50 or f                    |                 | of Fee (\$)              | Fee          | Paid (\$)        |  |
|  | 100 =  |                 | /50                                  |            | (round up to a w                     | /hole number)   | ×                        | =            |                  |  |
| 4. OTHER FEE(S) Fees Paid (\$)   |  |                 |                                      |            |                                      |                 |                          |              |                  |  |
| Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 2255 Extension for response within fifth month 1,080.00  |  |                 |                                      |            |                                      |                 |                          |              |                  |  |
| Other (e.g., late filing surcharge): 2255 Extension for response within fifth month 1,000.00 2801 Request for continued examination (RCE) (see 37 395.00   |  |                 |                                      |            |                                      |                 |                          |              |                  |  |
| SUBMITTED BY   |  | <del></del>     |                                      |            |                                      |                 |                          |              |                  |  |
| Signature  | m  | ~               | Dan 1                                |            | Registration No.<br>(Attorney/Agent) | 47,874          | Telephone                | (617) 9      | 51-7685          |  |
| Name (Print/Type)  | John D. Qu   | isel            |                                      |            | (Amorrie)/Agent)                     |                 | Date                     | August       | 5, 2005          |  |
|  |  |                 |                                      |            |                                      |                 |                          |              |                  |  |

| I hereby certify that this correspondence in an envelope addressed to: MS RCE, 0 | is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 543598770 US, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown |
|--|---|
| below.   | , 20 h  |
| Dated: 8-5-05  | Signature: Mary hurphy (Mary Murphy)  |